

*End 14*

~~W 42° 54' 45.16" N~~  
~~N 70° 48' 50.75" W~~

~~24x32 outside~~  
~~22.7 + 30.7 inside~~  
100  
~~say~~

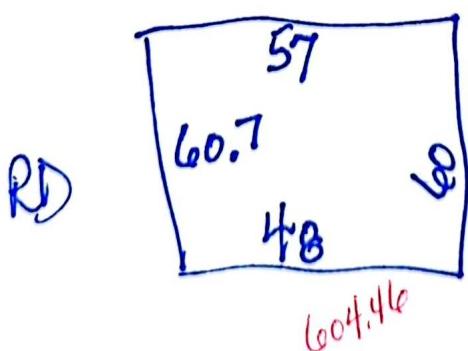
BM Home 18 Job 16  
MAP 282 LOT 148  
5509-0711

Lawrence T. Cunha

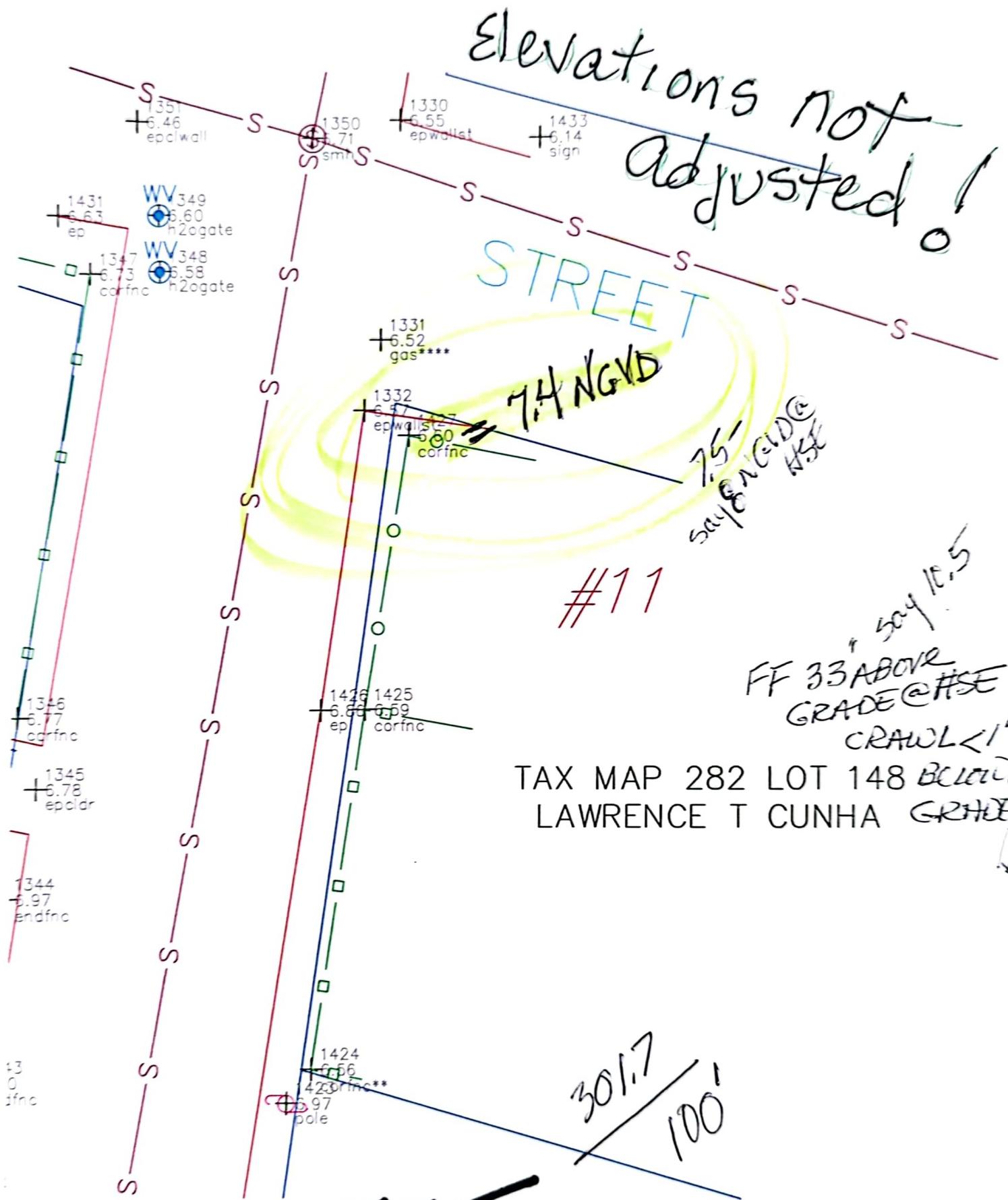
~~Old Seasonal Condo~~

Lot 45

RCRD PLAN 01493B



9/23  
Threshold ↓ FF  
0.1



## ELEVATION CERTIFICATE

Important: Follow the instructions on pages 1–9.

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

SECTION A – PROPERTY INFORMATION		FOR INSURANCE COMPANY USE			
A1. Building Owner's Name LAWRENCE T. CUNHA		Policy Number:			
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 11 WALL STREET		Company NAIC Number:			
City HAMPTON	State New Hampshire	ZIP Code 03842			
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 45 ROCKINGHAM REGISTRY PLAN 01493-B, TAX MAP 282 LOT 148					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>RESIDENTIAL</u>					
A5. Latitude/Longitude: Lat. N 42°54'45.16" Long. W 70°48'50.75"		Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983			
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.					
A7. Building Diagram Number <u>2A</u>					
A8. For a building with a crawlspace or enclosure(s): <ul style="list-style-type: none"> <li>a) Square footage of crawlspace or enclosure(s) <u>700.00</u> sq ft</li> <li>b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade <u>0</u></li> <li>c) Total net area of flood openings in A8.b <u>0.00</u> sq in</li> <li>d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ul>					
A9. For a building with an attached garage: <ul style="list-style-type: none"> <li>a) Square footage of attached garage <u>N/A</u> sq ft</li> <li>b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade <u>N/A</u></li> <li>c) Total net area of flood openings in A9.b <u>N/A</u> sq in</li> <li>d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ul>					
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP Community Name & Community Number HAMPTON, NH 330132		B2. County Name ROCKINGHAM	B3. State New Hampshire		
B4. Map/Panel Number 33015CO437	B5. Suffix E	B6. FIRM Index Date 05-17-2005	B7. FIRM Panel Effective/Revised Date 05-17-2005	B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) 9
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other/Source: _____					
B11. Indicate elevation datum used for BFE in Item B9: <input checked="" type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date: _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA					

# ELEVATION CERTIFICATE

OMB No. 1660-0008  
Expiration Date: November 30, 2018

<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>			<b>FOR INSURANCE COMPANY USE</b>
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 11 WALL STREET			Policy Number:
City HAMPTON	State New Hampshire	ZIP Code 03842	Company NAIC Number

## SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on:  Construction Drawings\*  Building Under Construction\*  Finished Construction

\*A new Elevation Certificate will be required when construction of the building is complete.

C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO. Complete Items C2.a–h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters.

Benchmark Utilized: RM#11 Vertical Datum: NGVD

Indicate elevation datum used for the elevations in items a) through h) below.

NGVD 1929  NAVD 1988  Other/Source: \_\_\_\_\_

Datum used for building elevations must be the same as that used for the BFE.

Check the measurement used.

- |   |      |  |                                 |
|---|------|--|---------------------------------|
| a) Top of bottom floor (including basement, crawlspace, or enclosure floor)   | 6.70 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| b) Top of the next higher floor   | 9.80 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| c) Bottom of the lowest horizontal structural member (V Zones only)   | N/A  | <input type="checkbox"/> feet            | <input type="checkbox"/> meters |
| d) Attached garage (top of slab)  | N/A  | <input type="checkbox"/> feet            | <input type="checkbox"/> meters |
| e) Lowest elevation of machinery or equipment servicing the building<br>(Describe type of equipment and location in Comments) | 9.80 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| f) Lowest adjacent (finished) grade next to building (LAG)  | 7.00 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| g) Highest adjacent (finished) grade next to building (HAG)   | 7.50 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support                                  | 7.00 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |

## SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

Were latitude and longitude in Section A provided by a licensed land surveyor?  Yes  No

Check here if attachments.

Certifier's Name ANNE W. BIAŁOBRZESKI	License Number NHLLS #752		
Title LAND SURVEYOR			
Company Name STOCKTON SERVICES			
Address PO BOX 1306			
City HAMPTON	State New Hampshire	ZIP Code 03842	
Signature 	Date 09/23/2017	Telephone (603) 929-7404	Ext.

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

Comments (including type of equipment and location, per C2(e), if applicable)

# BUILDING PHOTOGRAPHS

## ELEVATION CERTIFICATE

See Instructions for Item A6.

OMB No. 1660-0008  
Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the corresponding information from Section A.		FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 11 WALL STREET		Policy Number:
City HAMPTON	State New Hampshire	ZIP Code 03842

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.



Photo One

Photo One Caption FRONT AND LEFT SIDE 09/22/2017

[Clear Photo One](#)



Photo Two

Photo Two Caption REAR AND RIGHT SIDE 09/22/2017

[Clear Photo Two](#)



Hampton, NH

1 inch = 33 Feet

September 23, 2017

**CAI** Technol  
Precision Mapping Done

www.cai-te

0 33 67 100



SORRY BUT THE  
CORNER LABELLED  
COMMON CORNER  
IS IN FACT  
COMMON TO  
ALL FOUR LOTS.

THE EXTRA LAND  
IS 5' THAT CAME  
OUT OF #4 BITTERSWEET  
AND WAS ADDED  
ON TO THE EAST  
SIDE OF #8



THE  
HARTFORD

Policy Number: 99014969242017

FLOOD POLICY DECLARATIONS  
Hartford Insurance Company of the Midwest

Standard Policy Pre-FIRM Subsidized

Type: Renewal

Policy Period: 08/24/2017 To 08/24/2018

Original New Business Effective Date: 08/24/2001

Reinstatement Date:

Form: Dwelling

For payment status, call: (888) 245-7274  
These Declarations are effective  
as of: 08/24/2017 at 12:01 AM

Address Info

**Producer Name and Mailing Address:**

WIS INC  
CROSS INSURANCE - EXETER  
82 PORTSMOUTH AVE  
EXETER, NH 03833-2109

**Insured Name and Mailing Address:**

CUNHA, LAWRENCE  
11 WALL ST  
HAMPTON, NH 03842-3285

NFIP Policy Number: 0149692401

Agent/Agency #: 04500-04040-345

Reference #:

Phone #: (603) 778-7304

NAIC Number: 19682

**Processed by:**

Flood Insurance Processing Center  
P.O. Box 2057 Kalispell MT 59903-2057

Property Info

**Property Location:**

11 WALL ST  
HAMPTON, NH 03842-3285

**Building Description:**

Single Family  
Two Floors  
Slab On Grade  
Main House

Primary Residence: N

Premium Payor: 1st Mortgagor

Flood Risk/Rated Zone: AE Current Zone: AE

Community Number: 33 0132 0437 E

Community Name: HAMPTON, TOWN OF

Grandfathered: No

Pre-Firm Construction

Program Type: Regular

**Newly Mapped into SFHA:**

Elev Diff: N/A

Elevated Building: N

Includes Addition(s) and Extension(s)

Replacement Cost: \$80,000

Number of Units: 1

Coverage & Rating

Type	Coverage	Rates	Deduct	Discount	Sub Total	Premium Calculation
Building:	118,000	2.020 / 1.750	2,000		2,227.00	Premium Subtotal: 2,227.00
Contents:						Multiplier:
Contents						ICC Premium: 70.00
Location:						CRS Discount: .00
						Reserve Fund Assmt: 345.00
						HFIAA Surcharge: 250.00
						Federal Policy Fee: 50.00
						Probation Surcharge: .00
						Endorsement Amount: .00
						Total Premium Paid: 2,942.00

Coverage Limitations May Apply. See Your Policy Form for Details.

Mortgage Info

**First Mortgage:**

MEMBERS PLUS CREDIT UNION  
29 HIGH ST  
MEDFORD, MA 02155-3801

**Loss Payee:**

**Second Mortgage:**

**Disaster Agency:**

*Douglas Elliott*  
Douglas Elliott, President

*Terence Shields*  
Terence Shields, Secretary

Command= 210-

Point#, Start#-End# or G#= 1-50

Bearing	Distance	Elev	Descrip	Pnt.	Northing	Easting	Type
						C:\BENCHMARK\BMHOME18	
	09-22-2017			12:47:27			
	11.83	INST	1		5000.0000	5000.0000	
	7.70	DHSB	2		5115.0372	4958.1299	TRA
	7.57	DHSB	3		5075.1137	4955.5705	SS
	7.40	H2OGATE	4		5008.0301	4965.0712	SS
	7.22	GASVLV	5		5006.1683	4990.1287	SS
	9.61	CORDECK	6		4946.0249	5004.4718	SS
	7.15	CORHSE	7		4953.9155	5005.1375	SS
	7.30	CORHSPAV	8		4984.0339	5032.0425	SS
	7.08	@STEP	9		4991.8112	5023.2607	SS
	9.94	THRSHLD	10		4984.8606	5022.0051	SS
	7.46	CORHSE	11		4986.0924	5007.7886	SS

Point#, Start#-End# or G#= 4-



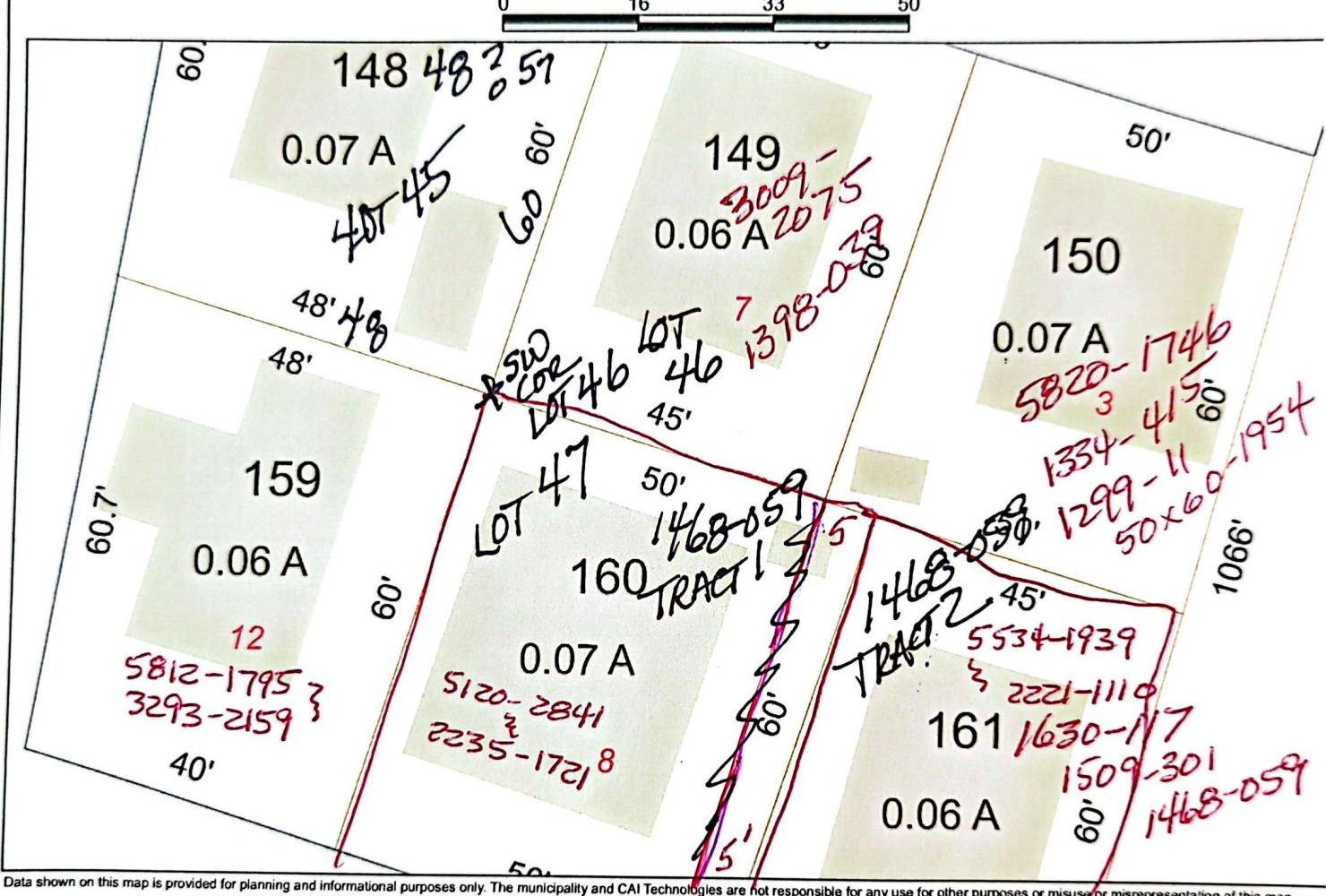
September 23, 2017

## Hampton, NH

**1 inch = 16 Feet**



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Data shown on this map is provided for planning and informational purposes only. The municipality and CAI Technologies are not responsible for any use for other purposes or misuse or misrepresentation of this map.

140 -





Stockton Services &lt;stockton752@gmail.com&gt;

**RE: 11 WALL STREET**

1 message

**Homet, Jim** <JAMESHOMET@allstate.com>  
To: Stockton Services <stockton752@gmail.com>

Thu, Sep 14, 2017 at 3:45 PM

I had a quick conversation with a flood CSR, but could not get through to a SFR underwriter as we are dealing with hypotheticals.

Let's assume LAG and HAG were around 7', and the top of the crawlspace floor was about 6'6".

In this case, we would use the specific rating guidelines for submit for rate policies.

When I read the guidelines (excerpts attached), it says:

start with the "no basement/enclosure" rates for the elevation of the lowest elevated floor from table 3b;

- add a load factor of \$0.15 per \$100 of coverage for a non-vented crawlspace or a load factor of \$0.08 for a properly vented one;
- add a load factor for any machinery or equipment below BFE, and another if there is an elevator down there...

Given that I think we would be looking at the following scenarios based on height of elevated floor (first floor here)

- 8' additional cost this year of about \$350 (lower rate used this year, but maybe will work out next year.)
- 9' savings of about \$1,080
- 10' savings of about \$1,590

Remember - no underwriter has looked at any documentation or given any quotes - so this is non-binding...

Also, this policy renewed three weeks ago, and so I can't touch it until next year.

James L Homet CPA Agent T: 603-929-3600 F: 603-929-1467 830 Lafayette Road Hampton, NH 03842

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James L Homet CPA Agent T: 603-929-3600 F: 603-929-1467 830 Lafayette Road Hampton, NH 03842

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**From:** tockybialo@gmail.com [mailto:tockybialo@gmail.com] on behalf of Stockton Services [stockton752@gmail.com]  
**Sent:** Wednesday, September 13, 2017 12:16 PM  
**To:** Homet, Jim  
**Subject:** 11 WALL STREET

Anne W, Bialobrzeski  
NHLLS #752  
NHDES Septic Designer #348

33  
9/24/17

# 11 Wall St

CUFFIA TOWER & PNP

BOT SANDING @ DOOR

CO 122.42 +0.71 4.84 D15B

3 349-23-45 87.27 +0.58 "

4 302-56-50 35.84 +0.41 "

5 502-00-00 11.64 +0.23 "

6 195-15-50 54.16 +3.86 "

7 193-38-20 46.37 +3.40 "

8 136-29-10 35.80 +1.55 "

9 129-23-40 24.66 +0.09 "

10 144-31-40 26.71 +2.95 "

11 170-45-00 15.94 +0.47 "

CORRUG

CONCRETE

CONCRETE